

FACT SHEET 5

The six-week check-up

Six weeks after the birth of your baby you should make an appointment to see your general practitioner. Your GP will ask you how you are and will examine your abdomen and breasts. He or she will make sure that your body looks like it was before you got pregnant. If you need a pap smear, the doctor will do one. Women need to have a pap smear every two years. The doctor will also check, weigh and measure your baby and discuss your baby's health, growth and immunisation.

Your doctor may also talk to you about:

- using contraception
- any problems with feeding your baby
- how you are managing
- postnatal depression or unhappiness.

2 Read the headings. Check that you understand their meanings. Read the explanations and label them.

Immunisation	Contraception	Pap smear	Postnatal depression
--------------	---------------	-----------	----------------------

a _____

A test on cells taken from your cervix to make sure it is healthy; done every two years on women between 20 and 70 years.

c _____

Methods you or your sexual partner can use to stop you becoming pregnant. For example: condoms, the pill, a diaphragm.

b _____

A serious condition that develops after the baby is born when the mother feels unhappy and not in control of her life, unable to cope and has a low opinion of herself; not the "baby blues" most mothers experience.

d _____

Giving a person a special medicine to protect them from getting an illness or a disease.

NOTE:

In some parts of Australia, the GP will do a pap smear four months after the birth of your baby, not at the six-week check-up.

Tapescript

CD 1

Track 1

Language of Childbirth
by Fran Weston
CD 1 Units 1 and 2
Recording directed by Darrell Hilton
Produced by Audioscapes
© 2006 Commonwealth of Australia

Track 2

a late period
morning sickness
passing urine more often
bloating
marks on the face
vaginal discharge
sore or enlarged breasts
tired
moody
itchy tummy

Track 3

My period is late.
My last period was very light.
My last period wasn't normal.
I feel sick in the stomach.
I feel bloated.
I feel tired.
I feel moody.
I'm vomiting in the morning.
I'm going to the toilet more often.
I've got morning sickness.
I've got marks on my face.
I've got a thicker discharge from my vagina.
I've got sore breasts.

Track 4

hair	eyes	ears
nose	mouth	chin
shoulder	arm	chest
breast	nipple	stomach
back	hip	pelvis
tummy or abdomen		hand
fingers	thigh	knee
calf	ankle	foot

Track 5

nipple	spinal column or spine
placenta and cord	uterus or womb
amniotic sac or waters	cervix

mucous plug or show	bladder
bowel	vagina or birth canal
perineum	bottom

Track 6

GP: Congratulations, Mrs Majok. Your test is positive.
Rebecca: Oh thank you! When's my baby due?
GP: When did your last period start?
Rebecca: The 7th of February.
GP: We add seven days. That's the 14th of February. Then count back three months. That's January the 14th, December the 14th, November the 14th. Your baby's due about November the 14th.

Track 7

Booking clerk: Antenatal clinic, Niroot speaking. How can I help you?
Rebecca: Hello, I'm phoning to make an appointment, please. I'm pregnant.
Booking clerk: Right. What's your name?
Rebecca: Rebecca Majok.
Booking clerk: OK Rebecca. How pregnant are you?
Rebecca: My doctor says I'm ten weeks.
Booking clerk: Uh huh. Have you been to see us before?
Rebecca: No, I haven't.
Booking clerk: That's fine. Did the doctor give you a letter?
Rebecca: No, but I've got a yellow card.
Booking clerk: That's good. OK. Bring it with you when you come. Now, when would you like to come?
Rebecca: I can come next week.
Booking clerk: Well, what about Wednesday next week. That's the 16th at 2 o'clock?
Rebecca: Yes, that's good. Where do I come?
Booking clerk: Come to the hospital. Do you know where we are?
Rebecca: Um, not exactly.
Booking clerk: The hospital is in Como Street. Come to the front desk and ask for directions to the antenatal clinic.
Rebecca: Did you say Como Street?
Booking clerk: Yes, that's it. Where do you come from, Rebecca?
Rebecca: Sudan.
Booking clerk: Would you like to have an interpreter?

Rebecca: Mm, my husband can interpret for me.

Booking clerk: There are a lot of questions that we need to ask. An interpreter will make it easier for you and help us too.

Rebecca: Right.

Booking clerk: What language do you speak?

Rebecca: I speak Dinka.

Booking clerk: OK, we'll arrange a Dinka interpreter. Do you want a male or female interpreter?

Rebecca: I would prefer a woman.

Booking clerk: Fine. Well, bring your yellow antenatal card, your Medicare card and bring your husband or your support person. We'll arrange the interpreter and we'll see you next Wednesday. So that's Rebecca — R-E-B-E-double C-A.

Rebecca: That's right.

Booking clerk: And how do I spell your surname, Rebecca?

Rebecca: Majok. M-A-J-O-K.

Booking clerk: Thanks. And where do you live?

Rebecca: 28 Miller Street Greendale.

Booking clerk: OK. Do you have a home phone or a mobile?

Rebecca: My mobile's 0411 246 798.

Booking clerk: And has the doctor told you when your baby's due?

Rebecca: Mm, in November.

Booking clerk: Good. Well, we'll see you next week for your first appointment.

Rebecca: That's Wednesday the 16th at 2 o'clock.

Booking clerk: That's right.

Rebecca: Thank you very much.

Booking clerk: Thanks, Rebecca.

Track 8

Booking clerk: Antenatal clinic, Niroo speaking. How can I help you?

Rebecca: Hello, I'm phoning to make an appointment, please. I'm pregnant.

Track 9

- Hello. I'm phoning to make an appointment, please.
- Oh hello. Could I have an appointment at the midwives clinic, please?
- I'd like to make an appointment, please. With a female doctor, if possible.
- Hello. I need to see Dr Singh rather urgently. I've got a very bad headache. Could she see me today?
- Good morning. I'd like to make an appointment to see Dr Doyle, please.

Track 10

a Booking clerk: Antenatal clinic, Niroo speaking. How can I help you?

Rebecca: Hello, I'm phoning to make an appointment, please. I'm pregnant.

Booking clerk: Right. What's your name?

b Booking clerk: OK Rebecca. How pregnant are you?

Rebecca: My doctor says I'm ten weeks.

Booking clerk: Uh huh. Have you been to see us before?

Rebecca: No, I haven't.

c Booking clerk: Would you like to have an interpreter?

Rebecca: Mm, my husband can interpret for me.

Booking clerk: There are a lot of questions that we need to ask. An interpreter will make it easier for you and help us too.

Rebecca: Right.

Track 11

- Did you say Bay Street?
- Sorry, I didn't catch the address.
- I'm sorry. What was your name again, please?
- Would you mind saying that again, please?
- That's Monday the 12th at 3:30?
- Could you repeat that please?

Track 12

Politely refusing the time:

- Sorry, I can't make it at that time.
- Sorry, that day's no good for me.
- I'm afraid that time doesn't suit me.
- I'm afraid that date isn't possible for me.

Suggesting another time:

- Are there any other days available?
- How about Tuesday?
- What about Monday?
- Would early Friday morning be possible?
- Is there anything available on Wednesday afternoon?

Saying thank you:

- Thank you. That's fine.
- Thanks. That'd be great.
- Yes. Thank you. That's good.
- Yes. 2 o'clock Tuesday is fine. Thanks.

Track 13

Midwife: Come in, Rebecca. I'm Rachael. I'm a midwife here. It's nice to meet you.

Rebecca: Yes, it's nice to meet you too. This is my husband, Simon.

Midwife: How do you do, Simon?

Simon: How do you do?

Midwife: Now sit down. This will be a long visit. I have a lot of questions to ask you. I'll write some of your information on this yellow form and give it to you to keep. You need to bring it with you every time you come to the clinic. I'll also put your information into the computer. If there are any questions you don't want to answer, that's OK.

Track 14

Midwife: Come in, Rebecca. I'm Rachael. I'm a midwife here. It's nice to meet you.

Rebecca: Yes, it's nice to meet you too. This is my husband, Simon.

Midwife: How do you do, Simon?

Simon: How do you do?

Track 15

Midwife: Now sit down. This will be a long visit. I have a lot of questions to ask you. I'll write some of your information on this yellow form and give it to you to keep. You need to bring it with you every time you come to the clinic. I'll also put your information into the computer. If there are any questions you don't want to answer, that's OK.

Track 16

Midwife: So when was your last period?

Rebecca: The 7th of February.

Midwife: Let me see. That means your due date is the 14th of November.

Rebecca: Yes, that's what the doctor said.

Midwife: So you're 11 weeks pregnant.

Rebecca: That's right.

Midwife: Have you been feeling well?

Rebecca: Very well.

Midwife: Have you had any problems with your pregnancy? Any nausea?

Rebecca: I had some morning sickness in the first few weeks. But now I feel fine.

Midwife: Did you have any vomiting?

Rebecca: No. I just felt sick in the stomach.

Midwife: Do you have any pain?

Rebecca: No, no pain.

Midwife: What about bleeding?

Rebecca: No, I haven't had any bleeding.

Midwife: Great. Is this your first baby?

Rebecca: Yes, it is.

Midwife: Is it a planned baby or a surprise baby?

Rebecca: It's a planned baby.

Midwife: OK. I'll keep going through the questions. Then when I finish, you'll need to have a blood test. We need

to know your blood group and your iron levels. Have you had a blood test before?

Rebecca: Yes, I have.

Midwife: Good. Now, are you allergic to anything? Tablets or medications?

Rebecca: No.

Midwife: Foods?

Rebecca: No.

Track 17

- When was your last period?
- Have you been feeling well?
- Have you had any problems with your pregnancy? Any nausea?
- Did you have any vomiting?
- Do you have any pain?
- What about bleeding?
- Is this your first baby?
- Is it a planned baby or a surprise baby?
- Now, are you allergic to anything?

Track 18

Other questions about your medical history:

- Is this your first pregnancy?
- Have you ever had a miscarriage?
- Have you ever had a termination?
- Have you had any operations?
- Have you been in hospital before?
- Have you ever had asthma?
- Have you ever had hepatitis?
- Have you ever had a blood transfusion?
- Do you have diabetes?
- Do you have blood pressure problems?
- Do you have any allergies?
- Are you allergic to any drugs?

Other questions about your family history:

- How old is your partner?
- What's your partner's name?
- Where does your family live?
- Are your parents healthy?
- Are there any medical problems in your family?
- How many babies did your mother have?
- Were all the babies born healthy?

Questions about your lifestyle:

- Do you smoke?
- How many cigarettes do you smoke?
- Do you drink alcohol?
- How many drinks do you have every day?
- Do you take any medications?
- What medications do you take?
- What exercise do you do?
- Do you feel happy about this pregnancy?
- Is there someone who will help you with the baby?
- Do you want to breastfeed the baby?

Track 19

Midwife: Well I have all the information I need for this visit. We'll book you in for your first visit with the doctor. Ask the clerk for your appointment time. Here's the form for your blood test, Rebecca. If you go to the 2nd floor, to pathology, they will take some blood now. The doctor will get the results.

Rebecca: So you want me to make an appointment to see the hospital doctor and then go upstairs to the second floor for the blood test?

Midwife: Yes, that's right, to the pathology department.

Rebecca: Right. Pathology.

Midwife: Yes. Well thanks for coming today. Nice to meet you, Simon. And we'll see you later in your pregnancy.

Rebecca: Thank you very much.

Simon: Yes, thank you.

Midwife: No problems.

Track 20

Midwife: Well I have all the information I need for this visit. We'll book you in for your first visit with the doctor. Ask the clerk for your appointment time. Here's the form for your blood test, Rebecca. If you go to the second floor, to pathology, they will take some blood now. The doctor will get the results.

Rebecca: So you want me to make an appointment to see the hospital doctor and then go upstairs to the second floor for the blood test.

Midwife: Yes, that's right, to the pathology department.

Rebecca: Right. Pathology.

Track 21

Midwife: Yes. Well thanks for coming today. Nice to meet you, Simon. And we'll see you later in your pregnancy.

Track 22

Rebecca: Hello Kylie.

Kylie: Hello Rebecca. How are you?

Rebecca: I'm great. How are you?

Kylie: Not bad, thanks. So what's happening with you? You look great!

Rebecca: I've got some exciting news.

Kylie: Really? What is it?

Rebecca: Guess!

Kylie: You're pregnant!

Rebecca: Yes, how did you know?

Kylie: Easy. You look so happy. That's wonderful news.

Rebecca: Thanks.

Kylie: And how pregnant are you?

Rebecca: Around twelve weeks.

Kylie: Wow! That means the baby will be born at the end of the year.

Rebecca: Yes, it's due on November the 14th.

Kylie: Do you want a boy or a girl?

Rebecca: I don't mind. I just want a healthy baby.

Kylie: What about your husband?

Rebecca: He says he wants a little girl but he doesn't mind really.

Kylie: Great. And how are you feeling?

Rebecca: Well, I had some morning sickness at first, but I'm feeling really well now.

Kylie: Good. And how are you going at work?

Rebecca: It's fine. I love my job. I just have to take care with my back.

Kylie: Yes, you need to be careful. Look, I have some baby clothes and a bassinet. Would you like them? I could bring them over.

Rebecca: You don't need them any more?

Kylie: I sure don't. Two preschool children is enough, thanks very much.

Rebecca: (laughs) Right.

Kylie: OK, well I'll call you. We can arrange a time for me to bring over the things for the baby.

Rebecca: Oh, thanks.

Kylie: Well, I must go. I have to pick up my kids. It's really nice to see you. And congratulations on your baby!

Rebecca: Thanks, Kylie. See you soon.

Kylie: Yes, see you soon.

Track 23

Kylie: Well, I must go. I have to pick up my kids. It's really nice to see you. And congratulations on your baby!

Rebecca: Thanks, Kylie. See you soon.

Kylie: Yes, see you soon.

Track 24

- a exciting
- b pregnant
- c wonderful
- d Thursday
- e November
- f morning
- g sickness
- h careful
- i bassinet
- j arrange

Track 25

Fact Sheet 1 - Options for antenatal care

Track 26

Doctor: Mrs Majok. Come in. This is your first visit. Is that right?

Rebecca: Yes, but I saw the midwife two weeks ago.

Doctor: Yes, I have the notes she made about you. Now, let me see. (pause) I can't see anything here in the notes that we need to worry about. We have the results of your blood tests. Your blood group is O positive. That's the most common one. And your blood count is good — no anaemia. Mm, your urine test was normal. Nothing to worry about there. But I'll have a good look at you today and we can talk about your care for the rest of the pregnancy. OK. I'll just check your blood pressure. (pause) Right. That seems pretty good. Now, did the midwife work out your due date?

Rebecca: Yes, she said it's the 14th of November.

Doctor: Right. That makes you 13 weeks.

Doctor: Have you had a pap smear in the last two years?

Rebecca: No, I haven't.

Doctor: OK, I could do one today, if that's alright with you?

Rebecca: Alright. Will it take very long?

Doctor: No, not long. We do a pap smear by collecting some cells from your cervix. I use a speculum to open your vagina so I can see your cervix. I take some cells and send them away for testing. It doesn't hurt. It's a very simple test but it tells us if your cervix is healthy.

Rebecca: Right.

Track 27

Doctor: And this is your first pregnancy, right?

Rebecca: Yes.

Doctor: And how old are you?

Rebecca: I'm 28.

Doctor: Well, everything looks good. You can visit the midwives clinic for your antenatal care. You'll come every month until you are 28 weeks. Then every two weeks until you are 36 weeks. After that you should come every week until the birth. I'll see you if there are any problems. You should come back straight away if you have any bleeding from your vagina or any pain in your abdomen. That's important.

Rebecca: Oh yes.

Doctor: And you can have an ultrasound when you're 20 weeks.

Rebecca: I don't need an ultrasound now?

Doctor: No, it's too early at the moment. It's better to wait until you are 18 to 20 weeks and then we can see the baby easily.

Rebecca: I see.

Doctor: Yes. Now, do you have any questions?

Rebecca: (pause) Will the ultrasound tell me if I'm having a boy or a girl?

Doctor: It might. But it doesn't always.

Rebecca: Right.

Doctor: All right, Mrs Majok. Here's your form. I've updated the details.

Rebecca: Thanks very much.

Track 28

- a This is your first visit. Is that right?
- b Now, did the midwife work out your due date?
- c Have you had a pap smear in the last two years?
- d And this is your first pregnancy, right?
- e Now, do you have any questions?

Track 29

Fact Sheet 2 - Having an ultrasound

Track 30

Welcome to the Parent Education Centre at Greendale Hospital for Women. We offer antenatal classes, hospital tours and exercise groups. Please leave your name, contact number and due date and we will return your call as soon as possible. Thank you for calling the Parent Education Centre. We look forward to talking to you soon.

Track 31

Hello, my name's Rebecca Majok. I'm calling about an antenatal class for me and my husband. My baby is due on the 14th of November. We'd like to join a Saturday class. Could you please call me on 0411 246 798? Thank you very much.

Track 32

When you are pregnant you need:

- protein to build your baby's muscles and tissues: lean meat, chicken, milk, yoghurt, legumes
- folate for your baby's brain and spine: green leafy vegetables, breakfast cereal
- iron for extra blood cells for your baby and you: red meat, liver, legumes, nuts
- calcium for you and your baby's bones and teeth and for breastfeeding: milk, yoghurt, cheese
- fibre to prevent constipation (exercise is also important!): lentils, beans, fruit and vegetables
- vitamin D from the sun: in the sun with sunscreen.

What's bad for you and your baby:

- smoking
- drinking alcohol
- drinking more than two cups of coffee or tea a day
- eating too much junk food — chips, crisps, biscuits, lollies, ice cream, soft drinks
- eating for two.

Track 33

Pelvic floor exercises

Many pregnant women wet themselves when they cough or sneeze. Pregnancy and childbirth make the pelvic floor muscles weak. You can help this problem by exercising your pelvic floor muscles.

What are your pelvic floor muscles?

Your pelvic floor muscles are a group of muscles between your tailbone and your pubic bone. Your urethra, vagina and anus pass through them.

What are they for? What do they do?

Your pelvic floor muscles are very important because they support your uterus, bladder and bowel and help you to control urine and wind.

You use your pelvic floor muscles when you stop the flow of urine when you sit on the toilet.

Track 34

How to exercise your pelvic floor muscles

- Step 1 Lie comfortably with your knees wide apart.
- Step 2 Close your eyes and imagine you want to stop yourself from passing wind or urine.
- Step 3 Pull your pelvic floor muscles in and squeeze tight. If you do it correctly, you will feel your muscles lift.
- Step 4 Hold the muscles tight for as long as you can (up to ten seconds). Don't hold your breath. Make sure you are breathing slowly and regularly.
- Step 5 Rest and relax for ten seconds.
- Step 6 Repeat this action — pull your muscles in, squeeze tight and lift your pelvic floor. Continue until your muscles feel tired.

Try to do this six times every day.

When you can do this exercise easily, do it in different positions. You can stand, sit or lie on your stomach. Do the exercise quickly. Don't hold, just squeeze and relax. Repeat up to ten times. When your muscles feel tired, rest and relax.

Track 35

Parent educator: OK, everyone. Lie on your left side. Put a pillow under your head. Bend your knees and bring them up a little. Put the other pillow under your right leg. Make sure you feel comfortable. If you want to lie on your right side, that's fine. Just make sure you're comfortable. (pause) Now close

your eyes. Take three deep breaths in and out. Wait after each breath out. Feel your body getting heavier. Let's do it together. Breathe in, breathe out and wait. Breathe in, breathe out and wait. Breathe in, breathe out and wait. Your body is feeling heavier and heavier. Listen to the sounds around you. Listen to the traffic outside. Listen to your own breathing. Notice how your breath is going in and out — in and out. (pause) Now, we're going to start with our toes and move slowly up our bodies and make sure each part is relaxed and heavy. (pause) Start with your feet (pause). Move up to your knees (pause). Then move to your thighs (pause). Make sure your legs are relaxed and heavy (pause). Now move to your tummy. (pause) Think about your baby inside your tummy. (pause) Feel your baby — happy and relaxed. (pause) Move up to your chest. (pause) Continue to breathe slowly in and out, in and out. (pause) Notice your right arm, your elbow, your right hand, your left arm, your elbow, your left hand. (pause) Relax your shoulders and your neck. (pause) Relax your face and the top of your head. (pause) Notice how your breathing is slowly going in and out. (pause) Each time you breathe out, say the word *relax* to yourself. *Relax*. (pause) *Relax*. (pause) *Relax*. (pause) Breathe in, breathe out and wait. (pause) Enjoy the feeling of relaxation. (pause) When you want to stop, open your eyes slowly. Stretch and yawn. Take your time. Don't try to get up quickly. If you're ready, get up slowly.

Track 36

Parent educator: OK, everyone. Lie on your left side. Put a pillow under your head. Bend your knees and bring them up a little. Put the other pillow under your right leg. Make sure you feel comfortable. If you want to lie on your right side, that's fine. Just make sure you're comfortable. (pause) Now close your eyes. Take three deep breaths in and out. Wait after each breath out. Feel your body getting heavier. Let's do it together. Breathe in, breathe out and wait. Breathe in, breathe out and wait. Breathe in, breathe out and wait. Your body is feeling heavier and heavier. Listen to the sounds around you. Listen to the traffic outside.

Track 37

Parent educator: This is the labour room. You'll stay here with your support person and your midwife until after your baby is born. This is the bathroom. It's only for you. No-one else will use it. You can get under the shower or you can get into the bath, if you like. Warm water and being in a big bath is very good for pain. This is the delivery bed. We can adjust the bed for you, but it's best not to lie on it. It's better to stay active when you are in labour. There's a beanbag on a mat over here — you might be more comfortable on the floor. This is a birthing stool. Some women like to give birth sitting on this stool. We can listen to your baby's heartbeat in different

ways. This is the pinnards. We place this end on your tummy and listen through the other end. This is a machine for listening to your baby's heartbeat. We call it the fetal Doppler. This is another machine for listening to your baby's heartbeat. It's called the fetal monitor. We attach these two disks to your tummy if we need to listen to your baby's heartbeat and watch contractions on the monitor. Here's the gas. It might help you with pain when you're having a contraction. This is the mouthpiece. When you feel a contraction starting, you put it into your mouth and take a big breath. You keep breathing nice and slowly. Keep breathing in the gas until the contraction finishes. You can use this telephone for local calls but you can't make calls to mobiles. It's a good idea to have someone at home to phone your family and friends. This is the call bell. If your midwife is out of the room, press it and one of the midwives will come in.

Track 38

Here's the gas. It might help you with pain when you're having a contraction. This is the mouthpiece. When you feel a contraction starting, you put it into your mouth and take a big breath. You keep breathing nice and slowly. Keep breathing in the gas until the contraction finishes.

Track 39

During your labour you will need:

- a big T-shirt or a short nightie (or you can use a hospital gown)
- a dressing gown and slippers, socks or thongs
- a toilet bag with toothpaste, soap, comb, face cloths, etc
- some pants and sanitary pads
- your Medicare card and your yellow antenatal card.

Track 40

Your partner or support person may need these things during your labour:

- some food and drinks for energy
- a watch
- something to read
- a list of telephone numbers for your family and friends
- some small change for parking and telephone calls
- music CDs
- your camera
- oil (for massage)
- a jumper and a swimming costume.

Track 41

After the birth you will need these things:

- comfortable casual clothes — a track suit or sarong and T-shirt
- some nighties

- a dressing gown; slippers or thongs
- some maternity bras and nursing breast pads
- some sanitary pads
- some small change and a phone card
- a pen and paper.

You will not need anything for your baby in hospital. However, when it is time to go home, you need some baby clothes and a nappy. You also need a car restraint and baby capsule if you are taking your baby home by car.

Track 42

At home you will need these things for your baby:

- some nappies
- some jumpsuits
- some singlets
- some booties
- a bonnet for outdoors
- a bunny rug or wrap
- a bassinet or cot with mattress, waterproof sheet, cotton sheets, baby blankets and a mosquito net.

Track 43

Shop assistant: Can I help you?

Rebecca: Yes, I want to buy some jumpsuits for my baby.

Shop assistant: What size do you want?

Rebecca: I'm not sure. Can you tell me about the sizes?

Shop assistant: Well triple zero is for a newborn, but they're very, very small. It's better to buy a double zero or just a zero and your baby will grow into it. Babies grow very quickly.

Rebecca: I see. Can you show me some?

Shop assistant: Yes, they're over here. These are the styles we have.

Rebecca: Mm, which one do you recommend?

Shop assistant: Well, this one opens up the front and down both legs. It's easier to put on and to change the baby's nappy.

Rebecca: Right.

Shop assistant: What colour do you want?

Rebecca: Oh I'm not sure.

Shop assistant: Yellow or green are good colours if you don't know the sex of the baby.

Rebecca: I see. Right, so how much is this one?

Shop assistant: It's \$24.99.

Rebecca: Mm. That's a bit expensive because I need to buy three. Have you got anything cheaper?

Shop assistant: Well this one is \$19.95 but it only opens down the front.

Rebecca: Uh huh. Is it made of the same material?

Shop assistant: No, the \$24.99 one is better quality and it's softer. Feel that.
 Rebecca: Yes, you're right. OK, I'll think about it. Thanks very much for your help.
 Shop assistant: You're welcome.

Track 44

Shop assistant: Can I help you?
 Rebecca: Yes, I want to buy some jumpsuits for my baby.

Track 45

- I'm looking for a bunny rug for my baby.
- I'm after some booties for a newborn baby.
- Can you help me with some baby clothes, please?
- Could you show me the bassinets you have?
- I want to buy a sunhat for a baby.
- Have you got a mosquito net for a bassinet?

Track 46

These are some of the discomforts of pregnancy.
 morning sickness or nausea
 constipation
 haemorrhoids or piles
 tiredness
 swelling
 backache
 heartburn or indigestion
 varicose veins
 cramps
 needing to urinate often
 faintness and dizziness
 vaginal discharge
 food cravings
 sleeplessness
 contractions

Track 47

Luba: Hello Rebecca. It's nice to see you. How are you? You look great.
 Rebecca: Thanks. Yes, I feel really well.
 Luba: So, how much longer have you got? When's your baby due?
 Rebecca: Well, I'm 36 weeks. Not long now. I'm due on November the 14th.
 Luba: You're kidding! That's my birthday.
 Rebecca: Really? I didn't know that!
 Luba: Yeah, November the 14th.
 Rebecca: Well, let's see what happens. Maybe my baby will be early. And when's your baby due?
 Luba: Not until next year — the end of January.
 Rebecca: I see. And how have you been?
 Luba: Not bad. After the morning sickness stopped. I had it for four months.
 Rebecca: You poor thing!

Luba: Yes, and now I've got backache.
 Rebecca: You can help backache if you do exercises.
 Luba: Oh, tell me how.
 Rebecca: Well, the midwife showed me some stretches. Why don't you ask her to show you? And make sure you don't lift anything heavy.
 Luba: Yes, I should be more careful at work. What about indigestion?
 Rebecca: Well, the baby is pushing my stomach up. There isn't much room for food. But I try to eat a little amount often. It's better if I sit up straight when I'm eating, too.
 Luba: Right.
 Rebecca: And what about work? When are you going to stop?
 Luba: I'm planning to stop at the end of November. I'll be 32 weeks then. But I might work a bit longer, if I can. I need the money. Having a baby's very expensive.
 Rebecca: Yes, it sure is.
 Luba: So, what about you? When do you stop work?
 Rebecca: I've already stopped. I'm on maternity leave.
 Luba: Oh, maternity leave? Are you planning to go back to work after the baby?
 Rebecca: I'm not sure, but it's good to have the choice. Then I can decide if I want to go back to my full-time job or get a part-time job.
 Midwife: Luba Lukova.
 Luba: Yes.
 Midwife: Come in Luba, please.
 Luba: Yes, I'm coming. I'll wait for you, Rebecca. I'll give you a lift home.
 Rebecca: OK. Thanks a lot. See you soon.

Track 48

Luba: Hello Rebecca. It's nice to see you. How are you? You look great.
 Rebecca: Thanks. Yes, I feel really well.
 Luba: So, how much longer have you got? When's your baby due?
 Rebecca: Well, I'm 36 weeks. Not long now. I'm due on November the 14th.

Track 49

a Rebecca: Well I'm 36 weeks. Not long now. I'm due on November the 14th.
 Luba: You're kidding!
 b Rebecca: When's your baby due?
 Luba: Not until next year - the end of January.
 Rebecca: I see.

c Rebecca: You can help backache if you do exercises.
 Luba: Oh, tell me how.

Track 50

Midwife: How are you, Rebecca? Would you like to come in?
 Rebecca: Thank you.
 Midwife: Have a seat. Now, how have you been?
 Rebecca: I've been feeling OK. But I'm worried that my baby isn't moving very much. It seems very quiet.
 Midwife: What do you mean, 'quiet'?
 Rebecca: Well, I can't feel my baby moving much now.
 Midwife: How many times does the baby move in a day?
 Rebecca: Oh, I don't count. I'm busy during the day but in the evening I notice it isn't moving very much.
 Midwife: Well, we'll have a look at that but I want to ask you a few more questions first.
 Rebecca: OK.

Track 51

Midwife: Do you feel unwell or any pain when the baby moves?
 Rebecca: No, I don't have any pain.
 Midwife: Does it feel uncomfortable when the baby moves?
 Rebecca: A little uncomfortable. My uterus feels a bit tight.
 Midwife: Does that tightness happen very often?
 Rebecca: A couple of times a day. And I notice it more when I lie down at night.
 Midwife: Well, you're 36 weeks pregnant so there isn't much room for your baby. Maybe the tightness is because your body is getting ready for labour.
 Rebecca: I see.
 Midwife: At 36 weeks we expect the baby to move into the lower part of your pelvis soon.
 Rebecca: Uh huh.
 Midwife: Have you had any discharge from your vagina?
 Rebecca: No.
 Midwife: Any bleeding?
 Rebecca: No.
 Midwife: So that's the only change — the baby isn't moving as much?
 Rebecca: Well, my hands are very swollen. My rings are tight. And my feet are very swollen at the end of the day.
 Midwife: I...see. And does the swelling go away after a night's sleep?
 Rebecca: Ah yes. But in the morning my hands are still swollen.

Midwife: Well, we took your blood pressure and that was normal. Your ankles seem quite normal now. It is normal to have some swelling at this stage of your pregnancy. So try to keep your feet up as much as possible.
 Rebecca: OK. Yes, I will.
 Midwife: Now, do you have any questions?
 Rebecca: (pause) Um, no I don't think so.

Track 52

Midwife: OK. I'd like to check your baby now. I want to feel your abdomen and check the size of the baby. Can you pull up your dress, please? (pause) I'm feeling the baby. The last time you were here was 35 weeks. There's not much room up here any more, is there? Are you uncomfortable when you lie down?
 Rebecca: It's not too bad.
 Midwife: In the next couple of weeks the baby's head will move down into your pelvis. Then you'll have more space. OK, I'm going to listen to the baby with the pinnards first. (pause) OK. That sounds great.
 Rebecca: Oh, good.
 Midwife: Now I'm going to listen to the baby with the Doppler and you can hear the heartbeat too. I'll turn it on. Can you hear that? That sounds nice and regular. Your baby must be happy.
 Rebecca: Oh, that's really good.
 Midwife: Yes, it is. Now your next appointment is next week. But if you think your baby isn't moving or you're worried in any way, call the labour ward. They might ask you to come in to listen to the baby.
 Rebecca: OK, I will.
 Midwife: Otherwise, I'll see you next week.
 Rebecca: Right. Thanks very much. I feel better about everything now.
 Midwife: Good.

CD2

Track 1

Language of Childbirth
by Fran Weston
CD 2 Units 3, 4 and 5
Recording directed by Darrell Hilton
Produced by Audioscapes
© 2006 Commonwealth of Australia

Track 2

Midwife: Labour ward. Carol speaking.
Simon: My wife is in labour and I'm going to bring her to the hospital.

Midwife: What's your name?
Simon: Simon Deng.
Midwife: Simon, when's the baby due?
Simon: Tomorrow.
Midwife: Does your wife speak English?
Simon: A little.
Midwife: Could I speak to her please?
Simon: Yes, alright. She's here. She's next to me.

Rebecca: Hello.
Midwife: Hello, it's Carol. I'm one of the midwives. What's your name?

Rebecca: I'm Rebecca Majok.
Midwife: Have you been coming to the midwives clinic?

Rebecca: Yes. I come to the Wednesday clinic.
Midwife: OK. What's your address Rebecca?
Rebecca: 28 Miller Street, Greendale.
Midwife: Good. I'll get your file. Right. Now, tell me, Rebecca, how are you?

Rebecca: Well, I'm good but my baby's coming.
Midwife: Is this your first baby, Rebecca?
Rebecca: Yes.
Midwife: And your husband says the baby's due tomorrow.

Rebecca: That's right.

Track 3

Midwife: What's happening to you? Have the contractions — the pains started?

Rebecca: Yes.
Midwife: When did they start?
Rebecca: Five hours ago — at 5 o'clock.
Midwife: And how often are they coming, Rebecca?

Rebecca: Every seven minutes.
Midwife: And how do you feel when the pain comes?

Rebecca: It's getting painful.
Midwife: Where does it hurt? Does it hurt in your tummy? Or does it hurt down in your back?

Rebecca: It hurts a lot in my back.
Midwife: And what have you been doing to help with that?

Rebecca: I've been walking around the house.
Midwife: That's good.

Track 4

Midwife: Have you had any problems with this pregnancy?

Rebecca: No, everything's been fine.
Midwife: That's great. Is your baby moving around now?

Rebecca: Not as much, but it is moving.
Midwife: Has it moved in the last few hours?
Rebecca: Yes.
Midwife: Are you losing any water or any blood from your vagina?

Rebecca: I've had some mucous and a little blood.
Midwife: Did you go to the antenatal classes?
Rebecca: Yes, I went with my husband.
Midwife: Excellent.

Track 5

Midwife: Well, what do you want to do Rebecca? Do you want to come to hospital? You know, first babies usually take a long time and if you're coping at home then it's OK to stay at home for a bit longer. You can ring me again in an hour.

Rebecca: I want to come to hospital now. I feel a bit worried.
Midwife: OK. That's fine. Come in if it will make you feel more relaxed. Have you got transport to the hospital?

Rebecca: Yes, my brother-in-law will bring us.
Midwife: OK. Get organised and come. Don't forget your yellow card. Come to the labour ward, it's on the 3rd floor. Ring the bell and one of the midwives will let you in. Don't go to the emergency department.

Rebecca: OK. Thank you.
Midwife: We'll see you soon.
Rebecca: OK.
Midwife: Bye.

Track 6

Midwife: OK. Get organised and come. Don't forget your yellow card. Come to the labour ward, it's on the 3rd floor. Ring the bell and one of the midwives will let you in. Don't go to the emergency department.

Track 7

Midwife: Come in, Rebecca. I'm Carol. We've been expecting you. Is this your support person?

Rebecca: Yes. This is my husband, Simon.
Midwife: Pleased to meet you, Simon.
Simon: I'm pleased to meet you too.

Midwife: I spoke to you on the phone.
Simon: That's right.
Midwife: OK then. Come in. (pause)
Midwife: Now, how do you feel Rebecca?
Rebecca: OK, but the pains are getting stronger.
Midwife: Right. Did you bring your yellow card?
Simon: Yes, here it is.
Midwife: Can I see it please? Thanks. (pause)
Now I want to check you and your baby. I'm going to take your blood pressure and your temperature. And we need to do a urine test. Can you use the toilet?

Rebecca: Yes, I think so.
Midwife: Good. Then I'm going to listen to your baby and after that I'll feel your abdomen to check the baby's position. And I'll do an internal examination. I'll put on a glove and put two fingers inside your vagina and see how dilated your cervix is. OK?

Rebecca: Alright.
Midwife: Good. I'll put your identification bracelet on first. (FADE)
It looks like you're in good labour and doing really well. Your baby sounds happy. Come with me and I'll take you to your labour room.

Rebecca: Can my husband stay with me?
Midwife: Yes, of course he can. (FADE)
Here you are. Have a look around. Make yourself comfortable.

Rebecca: What if my pain gets really bad?
Midwife: We can help you with pain. There are a lot of things we can do. I'll be here to help you all through your labour. When your next contraction comes, lean forward and hold onto the edge of the bed and Simon can rub your back.

Simon: Where should I rub?
Midwife: Rebecca can tell you where to rub and how much pressure. She'll tell you what she wants. I'll just go and get you a beanbag and a mat for the floor and I'll bring you some water to drink.

Track 8

Midwife: Now I want to check you and your baby. I'm going to take your blood pressure and your temperature. And we need to do a urine test. Can you use the toilet?

Rebecca: Yes, I think so.
Midwife: Good. Then I'm going to listen to your baby and after that I'll feel your abdomen to check the baby's position. And I'll do an internal examination. I'll put on a glove and put two fingers inside your vagina and see how dilated your cervix is. OK?

Rebecca: Alright.

Track 9

Midwife: It looks like you're in good labour and doing really well. Your baby sounds happy. Come with me and I'll take you to your labour room.

Rebecca: Can my husband stay with me?
Midwife: Yes, of course he can. (FADE)
Here you are. Have a look around. Make yourself comfortable.

Rebecca: What if my pain gets really bad?
Midwife: We can help you with pain. There are a lot of things we can do. I'll be here to help you all through your labour. When your next contraction comes, lean forward and hold onto the edge of the bed and Simon can rub your back.

Simon: Where should I rub?
Midwife: Rebecca can tell you where to rub and how much pressure. She'll tell you what she wants. I'll just go and get you a beanbag and a mat for the floor and I'll bring you some water to drink.

Track 10

Fact Sheet 3 - Pain relief during labour

Track 11

Position 1 Try this. Kneel next to the beanbag with your knees apart. Sit back on your heels. Hold a pillow in front of you. Now, lean forward onto the beanbag and use the beanbag and pillow to support you. Excellent, breathe through your contraction.

Position 2 Here's another position to try. Sit on the chair next to the bed. Now lean forward onto the bed when your contraction begins. Ask your support person to massage your neck and shoulders if you like. OK, breathe through your contraction.

Position 3 Your support person can help you in this position. Stand close to your support person. Lean against them and hold on to their shoulders. Now, get them to put their arms around you and hold you at your back. That's good. Now, breathe through your contraction.

Position 4 Try lying on the mat. Lie on your side with a pillow under your head. Bend your legs and bring your knees up towards your tummy. Bring your top leg over the bottom one. Place another pillow between your legs.

Track 12

Position 1 Try this. Kneel next to the beanbag with your knees apart. Sit back on your heels. Hold a pillow in front of you. Now, lean forward onto the beanbag and use the beanbag and pillow to support you. Excellent, breathe through your contraction.

Track 13

Position 2 Here's another position to try. Sit on the chair next to the bed. Now lean forward onto the bed when your contraction begins. Ask your support person to massage your neck and shoulders if you like. OK, breathe through your contraction.

Track 14

Position 3 Your support person can help you in this position. Stand close to your support person. Lean against them and hold on to their shoulders. Now, get them to put their arms around you and hold you at your back. That's good. Now, breathe through your contraction.

Track 15

Position 4 Try lying on the mat. Lie on your side with a pillow under your head. Bend your legs and bring your knees up towards your tummy. Bring your top leg over the bottom one. Place another pillow between your legs.

Track 16

Position 1 OK. Stand beside the bed. Lean against this pile of pillows. Let the pillows support you. Now, use your left arm to hold your left leg up. Or ask your support person to take the weight of your leg.

Position 2

Stand upright facing the bed with your legs wide apart. Lean forward onto the beanbag for support. Now, you come over here and stand behind her and massage her back.

Position 3

Get down and kneel on your hands and knees. Use the beanbag with a pillow for support.

Track 17

Position 1 OK. Stand beside the bed. Lean against this pile of pillows. Let the pillows support you. Now, use your left arm to hold your left leg up. Or ask your support person to take the weight of your leg.

Track 18

Position 2 Stand upright facing the bed with your legs wide apart. Lean forward onto the beanbag for support. Now, you come over here and stand behind her and massage her back.

Track 19

Position 3 Get down and kneel on your hands and knees. Use the beanbag with a pillow for support.

Track 20

Rebecca: (panting)
Midwife: I'm going to listen to your baby. (pause) That sounds fine. Your baby sounds very happy. How are you feeling, Rebecca?

Rebecca: OK but can I try some gas next contraction?

Midwife: Of course. Stay there on the beanbag and I'll bring the gas to you. When you feel the next contraction start, put the mouthpiece inside your mouth and take a big breath. Breathe nice and slowly. Breathe through the contraction until it goes away. I'm going to put the gas on low to start.

Then we can put it up higher when the pain gets worse. You may feel a bit dizzy, but that's normal.

Rebecca: Ugh! I want to push.

Midwife: That's great. Just slow down, breathe really slowly. Slow breaths.

Rebecca: (four deep breaths).

Midwife: That's good. Keep it up.

Rebecca: (deep breaths continue)

Midwife: OK. Well done. Relax. Sit up more, if you like. (pause) Everything is going well. I can see your baby's head.

Rebecca: I want to push!

Midwife: OK. Push if you need to.

Rebecca: I'm pushing. (groans)

Midwife: That's great! You're doing really well. (pause) Each time you push, I can see more of your baby. We don't want it to come out too quickly. We want it to come out nice and slowly. I'm going to listen to your baby again after this contraction. (pause) Your baby sounds fine. You're doing really well. With the next contraction we should see the baby's head. Slow breaths now. (slow breaths)

Rebecca: (slow breaths)
Midwife: OK, breathe your baby out. That's the baby's head out now. I'm just going to give you an injection to help your placenta separate. (pause) OK. You're doing really well. Your baby's almost out. There, I'll hand you your baby. I'll put your baby on your chest. What

Rebecca: have you got — a boy or a girl?
Simon: It's a beautiful little girl.
Midwife: Yes, we've got a beautiful baby daughter! (pause)
Midwife: OK. You'll get another contraction soon. That'll be your placenta separating. The birth was really good and slow. I don't think there are any tears, but I need to have a look. If you have a tear, we may need to stitch you. (pause) I'll have a look now. I'm going to touch the area. It might feel uncomfortable. I'm going to wipe you with a cloth. (pause) That looks fine. You have some grazes but they're not bleeding. What's your baby doing there?
Rebecca: She looks hungry.
Midwife: Great, are you going to breastfeed her?
Rebecca: Yes, I am.
Midwife: OK. I'll check your abdomen — to see if your uterus has contracted. Then we'll make you more comfortable and see if your baby will take the breast.

Track 21

Midwife: How are you feeling, Rebecca?

Rebecca: OK... but can I try some gas next contraction?

Midwife: Of course. Stay there on the beanbag and I'll bring the gas to you.

When you feel the next contraction start, put the mouthpiece inside your mouth and take a big breath. Breathe nice and slowly. Breathe through the contraction until it goes away. I'm going to put the gas on low to start. Then we can put it up higher when the pain gets worse. You may feel a bit dizzy, but that's normal.

Track 22

Rebecca: Ugh! I want to push.

Midwife: That's great. Just slow down, breathe really slowly. Slow breaths.

Rebecca: (four deep breaths).

Midwife: That's good. Keep it up.

Rebecca: (deep breaths continue)

Midwife: OK. Well done. Relax. Sit up more, if you like. (pause) Everything is going well. I can see your baby's head.

Rebecca: I want to push!

Midwife: OK. Push if you need to.

Rebecca: I'm pushing. (groans)

Midwife: That's great! You're doing really well.

Track 23

Fact Sheet 4 - The complications of labour

Track 24

Midwife: Hello Rebecca. How are you?

Rebecca: Oh, hello. Pretty good, I think.

Midwife: How's your lovely daughter?

Rebecca: Ah, she's gorgeous. But I'd like to ask you a few questions about her, if that's alright.

Midwife: Yes, of course.

Rebecca: Well, can you tell me why she's so sleepy?

Midwife: Yes, that's normal for new babies.

Rebecca: But why does she want to sleep all the time?

Midwife: She's tired after the birth. You had to work very hard. But she worked hard too.

Rebecca: I see. And why doesn't she want to feed?

Midwife: Mm. Did she feed after she was born?

Rebecca: Yes, she fed for a while — for about an hour. Then she fed another time in the middle of the night.

Midwife: She doesn't need to feed a lot in the first 24 hours.

Rebecca: I thought babies fed every three hours.

Midwife: Babies aren't very regular in the beginning. After two or three weeks she'll feed more regularly.

Rebecca: So when should I feed her?

Midwife: Feed her when she wakes up and she's hungry. She's only eighteen hours old. Your milk hasn't come in yet.

Rebecca: What do you mean?

Midwife: At the moment you have colostrum.

Rebecca: Colostrum?

Midwife: Yes, it's the first milk — it's thick and yellow and it's really good for your baby. It's got a lot of your antibodies.

Rebecca: Did you say antibodies?

Midwife: Yes antibodies protect your baby from infections.

Rebecca: Uh huh. After my milk comes in, how do I know if she's getting enough?

Midwife: Well, in a couple of days she'll be having four, five or six wet nappies every day. This means she's having enough. And she'll be poohing her nappies too. She'll have some dirty nappies.

Rebecca: Oh, I see.

Midwife: Now is there anything else you want to ask me?

Rebecca: No, I think that's everything at the moment.

Midwife: Good. Well, if you think of anything else, please ask.

Rebecca: OK, I will.

Midwife: Now I'd like to ask you a couple of things about yourself.

Rebecca: Alright.

Midwife: First of all, can you tell me how much you're bleeding?
 Rebecca: How much blood I'm losing?
 Midwife: Yes. How often do you need to change your pad?
 Rebecca: Every two or three hours.
 Midwife: That's OK. That sounds normal. And are there any clots on the pad?
 Rebecca: Yes, but they're not big.
 Midwife: How big?
 Rebecca: Oh, about the size of a five-cent piece.
 Midwife: That's alright. That's fine. You'll bleed for 10 to 14 days, you know, and it will change colour — it'll turn from red to pink to white.
 Rebecca: Yes, they told us that in antenatal classes.
 Midwife: Fantastic. Now, you haven't got any stitches but you got a small graze on your perineum when you gave birth. How's that feeling?
 Rebecca: OK. I've been pouring some water on it about every four hours. And after I go to the toilet too.
 Midwife: Good. You're doing the right thing. Both you and your baby are doing very well, Rebecca. Well done.
 Rebecca: Thanks very much.
 Midwife: I'll see you later this afternoon.
 Rebecca: Good. See you then.

Track 25

Rebecca: Well, can you tell me why she's so sleepy?
 Midwife: Yes, that's normal for new babies.
 Rebecca: But why does she want to sleep all the time?
 Midwife: She's tired after the birth. You had to work very hard. But she worked hard too.
 Rebecca: I see. And why doesn't she want to feed?
 Midwife: Mm. Did she feed after she was born?
 Rebecca: Yes, she fed for a while — for about an hour. Then she fed another time in the middle of the night.
 Midwife: She doesn't need to feed a lot in the first 24 hours.
 Rebecca: I thought babies fed every three hours.
 Midwife: Babies aren't very regular in the beginning. After two or three weeks she'll feed more regularly.
 Rebecca: So when should I feed her?
 Midwife: Feed her when she wakes up and she's hungry. She's only eighteen hours old. Your milk hasn't come in yet.
 Rebecca: What do you mean?
 Midwife: At the moment you have colostrum.
 Rebecca: Colostrum?
 Midwife: Yes, it's the first milk — it's thick and

yellow and it's really good for your baby. It's got a lot of your antibodies.
 Rebecca: Did you say antibodies?
 Midwife: Yes, antibodies protect your baby from infections.
 Rebecca: Uh huh. After my milk comes in, how do I know if she's getting enough?
 Midwife: Well, in a couple of days she'll be having four, five or six wet nappies every day. This means she's having enough. And she'll be poohing her nappies too. She'll have some dirty nappies.
 Rebecca: Oh, I see.

Track 26

Rebecca: So when should I feed her?
 Midwife: Feed her when she wakes up and she's hungry. She's only eighteen hours old. Your milk hasn't come in yet.
 Rebecca: What do you mean?
 Midwife: At the moment you have colostrum.
 Rebecca: Colostrum?
 Midwife: Yes, it's the first milk — it's thick and yellow and it's really good for your baby. It's got a lot of your antibodies.
 Rebecca: Did you say antibodies?
 Midwife: Yes, antibodies protect your baby from infections.

Track 27

Midwife: First of all, can you tell me how much you're bleeding?
 Rebecca: How much blood I'm losing?
 Midwife: Yes. How often do you need to change your pad?
 Rebecca: Every two or three hours.
 Midwife: That's OK. That sounds normal. And are there any clots on the pad?
 Rebecca: Yes, but they're not big.
 Midwife: How big?
 Rebecca: Oh, about the size of a five-cent piece.
 Midwife: That's alright. That's fine. You'll bleed for 10 to 14 days, you know, and it will change colour — it'll turn from red to pink to white.
 Rebecca: Yes, they told us that in antenatal classes.
 Midwife: Fantastic. Now, you haven't got any stitches but you got a small graze on your perineum when you gave birth. How's that feeling?
 Rebecca: OK. I've been pouring some water on it about every four hours. And after I go to the toilet too.
 Midwife: Good. You're doing the right thing.

Track 28

Could you show me how to bath her?

Could you show me how to wrap her?
 Could you show me how to change him?

Would you tell me how to take care of my perineum?
 Would you help me to express milk?
 Would you help me to breastfeed?
 Would you help me to fill out this form?

Can I have another pillow, please?
 Can I have an extra blanket, please?
 Can I have a nappy, please?
 Can I have a breast pump, please?

I'd like to see an interpreter, please.
 I'd like to see the social worker, please.
 I'd like to talk to the midwifery manager, please.
 I'd like to talk to the midwife, please.
 I'd like to talk to the doctor, please.
 I'd like to talk to the photographer, please.

Track 29

Where questions:

Can you tell me where the telephone is?
 Can you tell me where the nursery is?
 Can you tell me where the bathroom is?
 Can you tell me where the breastfeeding class is?

When questions:

Can you tell me when I should feed her?
 Can you tell me when I should bath him?
 Can you tell me when I should settle her?
 When will my baby's cord come off?
 When can I go home?

Why questions:

Why is breast milk good for my baby?
 Why are my nipples sore?
 Why do I feel like crying?
 Why is my baby crying a lot?
 Why is my baby's skin yellow?
 Why does my baby need this test?
 Why does my baby need an injection?

How questions:

How do I know if she's getting enough milk?
 How do I know if he's getting enough sleep?
 How do I know if she's on the breast correctly?

Track 30

Rebecca: (FADE IN) Someone told me my baby will have some tests.
 Midwife: Yes, all babies have a blood-screening test. We check for a lot of different conditions that some babies are born with. If we know about these things early, we can help the baby before it gets sick.
 Rebecca: Right.

Midwife: We do the blood test between 48 and 72 hours after your baby is born. The baby doesn't like it very much so we ask you to hold the baby upright in your arms. We take a little bit of blood from the baby's heel and then cover it with a band aid. Then we send the blood for testing. If there are any problems, someone will contact you.

Rebecca: Oh, I see.
 Midwife: Yes, and we also do a hearing test.
 Rebecca: Oh, what's that exactly?
 Midwife: Well, it's quick and simple. We just put some small pads on your baby's head. Then we put a very small, soft microphone into the baby's ear. We play some soft sounds and sensors in the pads tell us if the baby can hear them. Again, if there are any problems, you can have some more tests.
 Rebecca: Oh OK. Mm. Is there anything else?
 Midwife: We can begin your baby's vaccinations today if you like. We can give her one for hepatitis B. The next one will be when she is two months old.

Track 31

Rebecca: (FADE IN) Someone told me my baby will have some tests.
 Midwife: Yes, all babies have a blood-screening test. We check for a lot of different conditions that some babies are born with. If we know about these things early, we can help the baby before it gets sick.

Rebecca: Right.
 Midwife: We do the blood test between 48 and 72 hours after your baby is born. The baby doesn't like it very much so we ask you to hold the baby upright in your arms. We take a little bit of blood from the baby's heel and then cover it with a band aid. Then we send the blood for testing. If there are any problems, someone will contact you.
 Rebecca: Oh, I see.

Track 32

Midwife: Well, it's quick and simple. We just put some small pads on your baby's head. Then we put a very small, soft microphone into the baby's ear. We play some soft sounds and sensors in the pads tell us if the baby can hear them. Again, if there are any problems, you can have some more tests.

Track 33

Midwife: We can begin your baby's vaccinations today if you like. We can give her one for hepatitis B. The next one will be

when she is two months old.

Track 34

Rebecca: Lin! Hello! I didn't expect to see you here. When was your baby born?

Lin: Last night, in the birth centre. It was a bit early.

Rebecca: I see. Well, congratulations!

Lin: Thank you, Rebecca.

Rebecca: What did you have?

Lin: A boy, a big boy. He was almost 4 kilos.

Rebecca: Wow! That is a big baby.

Lin: What about you?

Rebecca: I had a gorgeous little girl. She's almost 18 hours old. And she was 3.4 kilos when she was born.

Lin: Gosh! Look at her! She is beautiful. Tell me about it.

Rebecca: Well, I started labour in the early evening — at about 5. We phoned the labour ward at 10 o'clock when the contractions were seven minutes apart.

Lin: Right.

Rebecca: And I decided to come in because I felt a bit worried. Anyway, by the time I was admitted the midwife said I was "in good labour".

Lin: I see.

Rebecca: So I was in the labour room for the next three hours. And she was born at 1:30 in the morning.

Lin: Right. Did your husband stay with you?

Rebecca: Oh yes, he really helped me.

Lin: Well done.

Rebecca: He enjoyed it.

Lin: He enjoyed it?

Rebecca: Well, you know what I mean. He wanted to be there to welcome his beautiful daughter.

Lin: That's lovely.

Rebecca: Yes. Well, tell me what happened to you. How was your labour?

Lin: Well, I started having contractions at about 3:30 in the afternoon. So I called my husband David and said, *It's starting. You'd better not stay back late at work.*

Rebecca: No way!

Lin: Well, when he arrived home it was five o'clock and my back was hurting. So I got into the bath and he made dinner for the kids. We timed the contractions and they were still about 8 minutes apart. Anyway, I rang the hospital and they said *Wait a bit longer. Come in when they're five minutes apart.*

Rebecca: Same as me.

Lin: Yeah. So he took the kids to his sister's and I got ready. We drove to the hospital and David dropped me off to

park the car. When he came back into the labour ward, the midwife said: *Mr Chu, your wife's having a baby.* He didn't say anything but he thought, *Oh yeah — tell me something I don't know.*

Rebecca: (laughs)

Lin: And the midwife said, *I don't think you understand Mr Chu. Your wife's having a baby now!*

Rebecca: Wow! That was so quick.

Lin: Yes. He nearly missed the birth. It just all started happening.

Rebecca: Well done! You're amazing Lin.

Lin: Thank you Rebecca but this is my third baby.

Track 35

a Rebecca: Lin! Hello! I didn't expect to see you here. When was your baby born?

Lin: Last night, in the birth centre. It was a bit early.

Rebecca: I see.

b Rebecca: Well, I started labour in the early evening — at about 5. We phoned the labour ward at 10 o'clock when the contractions were seven minutes apart.

Lin: Right.

c Lin: Well, I started having contractions at about 3:30 in the afternoon. So I called my husband David and said, *It's starting. You'd better not stay back late at work.*

Rebecca: No way!

d Lin: And the midwife said — *I don't think you understand Mr Chu. Your wife's having a baby now!*

Rebecca: Wow!

Track 36

Rebecca: Yes. Well, tell me what happened to you. How was your labour?

Lin: Well, I started having contractions at about 3.30 in the afternoon. So I called my husband David and said, *It's starting. You'd better not stay back late at work.*

Rebecca: No way!

Lin: Well, when he arrived home it was 5 o'clock and my back was hurting. So I got into the bath and he made dinner for the kids. We timed the contractions and they were still about 8 minutes apart. Anyway, I rang the hospital and they said *Wait a bit longer. Come in when they're 5 minutes apart.*

Rebecca: Same as me.

Lin: Yeah. So he took the kids to his sister's

and I got ready. We drove to the hospital and David dropped me off to park the car. When he came back into the labour ward, the midwife said: *Mr Chu, your wife's having a baby.* He didn't say anything but he thought, *Oh yeah — tell me something I don't know.*

Rebecca: (laughs)

Lin: And the midwife said, *I don't think you understand Mr Chu. Your wife's having a baby now!*

Rebecca: Wow! That was so quick.

Lin: Yes. He nearly missed the birth. It just all started happening.

Track 37

Rebecca: (FADE IN) It was very noisy here last night. I didn't get much sleep and my husband can't stay here. I'd like to go home.

Midwife: Well, if everything goes well, you can go home this afternoon. Do you have someone at home to help you?

Rebecca: Yes, my mother-in-law lives with us.

Midwife: Uh huh, that's good. How are you going to get home?

Rebecca: My husband's friend can pick us up.

Midwife: Has he got a baby capsule in his car?

Rebecca: Yes, he has. He's got a baby too.

Midwife: Good. Now, before you go home I need to give you some paperwork. This is a birth registration form and this one is for your maternity payment. You must fill out this form to get the *baby bonus* money.

Rebecca: Could I have an interpreter to help me fill them out?

Midwife: Yes, I'll try to get one for you. And the baby needs to see the doctor.

Rebecca: Why? Is there something wrong with my baby?

Midwife: No. All the babies are checked by the doctor before they go home. The doctor has to sign your blue book.

Rebecca: My blue book?

Midwife: Yes, that's the one we use to record everything about your baby.

Rebecca: Right.

Midwife: Yes. You'll get a visit from the midwife. She'll check how you and the baby are going. Is your baby feeding well? Is your baby easy to settle? Are you getting enough rest? How are you feeling?

Rebecca: I see. The midwife will come to my home.

Midwife: Yes, for the next few days. And after that you can take your baby to the child and family health centre. The nurses there will weigh your baby,

check her eyesight and hearing and check that she is developing well. This information goes into your blue book. Do you know where the child and family health centre is?

Rebecca: Yes, it's close to my house.

Midwife: Wonderful. You have to call them to make your first appointment.

Rebecca: Right, I will.

Midwife: That's good. And you have to go to your GP for a check-up in six weeks.

Rebecca: Is that for my baby or me?

Midwife: It's for both of you. Remember to take your blue book.

Rebecca: Yes, I will.

Midwife: OK. Right. I'll see if I can organise an interpreter to help you with the forms and ask the doctor to check your baby. After the doctor, you can phone your husband and ask him to pick you up. OK?

Rebecca: Yes, that's what I want to do. Thank you very much.

Track 38

I'd like to see the doctor. Could I possibly see an interpreter? Is it alright if I use this breast pump? Do you think you could telephone my husband for me? I'd like to make an appointment for my first visit.

Track 39

Hello. You've reached Greendale Child and Family Health Centre. We cannot answer the phone at present but please leave a message and we will return your call. We are open for drop-in from 9 am to 12 every Tuesday. We are open every Wednesday and Thursday for appointments. Mothers' Group is 2 to 4 pm on Wednesday afternoons. All mums with new babies are welcome. We are not open tomorrow Wednesday the 28th of November. If you leave a message we will return your call on Thursday. If you have a sick child, contact your GP. Thank you for calling.

Track 40

Hello. My name is Rebecca Majok. I'd like to make an appointment to bring my baby to the centre. My baby is two weeks old. Could you please call me on 9968 7510 to make the appointment. Thank you. Goodbye.

Track 41

Fact Sheet 5 - Your six-week check-up

Answers

Unit 1 Pregnancy

Keeping a diary

- 5 Ask your teacher or a friend to check your answers.
- 7 b I felt sick so I couldn't eat.
c My breasts were sore and I felt tired.
d I had a urine test because my period was late.
e I wanted to speak to the doctor so I telephoned the surgery.
- 9 I had a 10 o'clock appointment to see the family doctor. I arrived early so I sat in the small park opposite the medical centre. I watched a group of noisy children. They shouted and played happily while their young mothers sat together and chatted. Then I went to the surgery and saw the doctor.

Regular: arrived, watched, shouted, played, chatted

Irregular: had, sat, sat, went, saw

Making an appointment at the antenatal clinic

- 1 a next week
b Majok
c 0411 246 798
- 2 a No
b No
c No
d Yes
e No
f Yes
- 3 Date: Wednesday 16th
Time: 2 o'clock
Place: Antenatal clinic at the hospital, at the hospital in Como Street
What to take: Rebecca must take the yellow antenatal card and her Medicare card and her husband or support person.
- 4 Booking clerk: Antenatal clinic, Niroom speaking. **How** can I help you?
Rebecca: Hello, I'm **phoning to make** an appointment, please. I'm pregnant.

- 7 a Booking clerk: Right. What's your name?
b Booking clerk: Uh huh. Have you been to see us before?
c Rebecca: Right.

9 Ask your teacher or a friend to check your pronunciation.

11 Ask your teacher or a friend to check your pronunciation.

12 Ask your teacher or a friend to check your work.

Completing the form at the midwives clinic

- 2 a Yes
b No
c No
d Yes
e Yes
f No
g Yes
- 3 b Other names
c Marital status
d Address
e Date of birth
f Place of birth
g Occupation
h Person for notification
i Patient election
j Medicare eligibility
k Language

- 5 b telephone number
c date of birth
d information that does not relate to you
e day, month and year (the date in full)
f male or female

The booking-in visit at the midwives clinic

- 2 a Rebecca: Yes, it's **nice to meet you** too. **This** is my husband, Simon.
Simon: **How do you do?**
- b Now sit down. This will be a **long** visit. I have a lot of questions to ask you. I'll write some of your information on this **form** and give it to you to keep. You need to bring it with you **every** time you come to the clinic. I'll also put your information into the **computer**. If there are any questions

you **don't** want to answer, that's OK.

- 3 a 11 weeks
b very well
c a planned baby
d a blood test

4 4 5 2 3 1

- 5 a **When** was your last period?
b Have you been feeling **well**?
c Have you had any **problems** with your pregnancy? Any **nausea**?
d **Did** you have any vomiting?
e Do you **have** any pain?
f **What** about bleeding?
g Is this your **first** baby?
h **Is** it a planned baby or a surprise baby?
i Now are you allergic to anything?

7 Make an appointment time to see the doctor. / Have a blood test.

- 8 a Rebecca will see the hospital doctor next.
b Rebecca needs an appointment to see the doctor.
c The pathology department is on the second floor.

9 Rebecca: So you want me to make an appointment to see the hospital doctor and then go upstairs to the second floor for the blood test.

Midwife: Yes, that's right, to the pathology department.

Rebecca: Right. Pathology.

10 Yes. Well thanks **for coming** today. **Nice** to meet you, Simon. And we'll **see you** later in your pregnancy.

Telling a friend you're pregnant

- 1 a People we don't know
b People we know
c People we don't know
d People we know
e People we don't know
f People we don't know
g People we don't know

- 2 a Oh, she's much better thanks.
b Yes, I hope we get a cool change.
c It's OK. I can manage, but thanks anyway.
d Yes, it's been late every day this week.
e That's right. It must be six months.

- 4 a Yes
b No

- c No
d No
e Yes
f Yes

6 So, when did you find out?
And how pregnant are you?
Do you want a boy or a girl?
What about your husband?
And how are you feeling?

- 8 a Open
b Open
c Closed
d Open
e Closed
f Open
g Open
h Open

9 Ask your teacher or a friend to check your work.

10 a Kylie: So, when did you find out?
Rebecca: Last week. I went to the doctor last Thursday.

Kylie: I see. And how pregnant are you?

Rebecca: Around twelve weeks.

Kylie: Wow! That means the baby will be born at the end of the year.

b Kylie: What about your husband?
Rebecca: He says he wants a little girl but he doesn't mind really.
Kylie: Great. And how are you feeling?
Rebecca: Well I had some morning sickness at first, but I'm feeling really well now.
Kylie: Good. And how are you going at work? .

12 Conversation 2

Pre-closing Kim: Great to see you again. Oh, here's my bus.

Emma: OK. Say hello to your family for me.

Closing Kim: Thanks, I will. See you!

Conversation 3

Pre-closing Marta: Thanks for coffee. Hey, look at the time. I have to get into the city.

Karina: Right. Let's meet again soon.

Closing Marta: Yes, let's. Bye bye.

13 Kylie: Well I must **go**. I have to pick up my **kids**. It's really nice to see you. And congratulations on your baby!
Rebecca: Thanks Kylie. See you soon.
Kylie: Yes, **see you soon**.

- 15 a exciting (3)
b pregnant (2)
c wonderful (3)
d Thursday (2)
e November (3)
f morning (2)
g sickness (2)
h careful (2)
i bassinet (3)
j arrange (2)

- e 'll
f Have

- 5 a Yes
b Yes
c No
d No
e No

- 6 a every month
b every fortnight
c every week
d straight away

- 7 a This is your first visit. Is that right?
b Now did the midwife work out your due date?
c Have you had a pap smear in the last two years?
d And this is your first pregnancy, right?
e Now, do you have any questions?

Having an ultrasound

- 1 Most women have an ultrasound when they are 18–22 weeks pregnant.
2 Ask your teacher or a friend to check your work.
3 b The 3–4 glasses of water fills the bladder and gives a better picture.
c The video screen shows the image of the baby.
d The jelly gives a good contact for the microphone.
e The instrument like a microphone picks up the sound waves.
5 a hurt
b the part of your body that stores liquid waste before it leaves the body
c a soft clear substance
d louder
e a flat surface where you can see images

Unit 2 Getting ready

Options for antenatal care

- 2 b the care you get from the time you become pregnant until the birth of your baby
c a visit to your doctor or midwife to make sure everything is going well
d a person trained to care for pregnant women and assist in and after childbirth
e the place where midwives give regular care to pregnant women
f the place in the hospital where babies are born
g a doctor trained in everyday, non-specialist health care
h a doctor trained to care for pregnant women and assist in and after childbirth
i medical service for patients who pay their own costs
j giving birth without drugs or medical procedures
k a homely place where mothers have a natural birth
l a place which is like your own home

3 **People who look after you:** midwife, GP, hospital doctor, obstetrician
Place that you go to: private practice, birth centre, midwives clinic, labour ward

An appointment with the hospital doctor

- 2 a No
b No
c No
d Yes
e No
f Yes
g No
h Yes

- 3 a can't
b have
c 'll
d can

like to join a **Saturday** class. Could you please call me on **0411 246 798**? Thank you very much.

- 3 Ask your teacher or a friend to check your message.
- 6 b classes
c taking air into your lungs and sending it out
d pressing and rubbing the body with hands
e something to stop pain
f ways of doing things in the hospital
g feeding a baby with mother's breast milk
h baby
i how you behave with other people
j methods to use to stop becoming pregnant
k you must make a booking
- 7 your stay in hospital
breastfeeding
your support person during the birth
contraception after the birth
what to buy for your baby
pain relief during the birth
- 8 a 24 weeks or more
b yes
c six
d all day; eight hours
e day classes on Wednesday or Thursday
f yes
g phone Sheila Kenilworth on 9660 3474

A healthy diet

- 3 Ask your teacher or a friend to check your work.
- 4 Ask your teacher or a friend to check your work.

Learning pelvic floor exercises

- 3 b you want to stop yourself from passing wind or urine
c your muscles lifting
d as long as you can
e slowly and regularly
f ten seconds
g when your muscles feel tired
h six times
- 5 b Make
c Go
d sit
e Don't eat
f ask
- 7 b Close
c Pull / squeeze
d Hold

- e hold
f Rest / relax

Learning to rest and relax

- 2 Ask your teacher or a friend to check your work.
- 3 a 5
b 9
c 1
d 8
e 3
f 7
g 6
h 4
i 2
- 4 b Make sure
c close
d Take
e Wait
f Feel
g Listen
- 5 a on
b under
c in / out
d after
e for
- 7 a If you have a DVD player borrow some relaxation DVDs from the library.
b Try this relaxation exercise if you are stressed or having trouble sleeping.
c Sit in a comfortable armchair if you are uncomfortable on the floor.
d If you enjoy music choose a CD to help you relax.
e Don't get up if you are not ready.

The labour ward tour

- 2 Ask your teacher or a friend to check your answers.
- 3 a to help with pain
b to be comfortable on the floor
c to listen to the baby's heartbeat
d to breathe in during a painful contraction
e to make local telephone calls
f to call a midwife
- 4 a after
b with
c for you only
d stay active
e good

- 5 Here's the gas. It might help you with pain when you're having a **contraction**. This is the **mouthpiece**. When you feel a contraction starting, you put it into your mouth and take a big **breath**. You keep breathing nice and **slowly**. Keep breathing the gas until the contraction **finishes**.

What to take to hospital

- 5 Ask your teacher or a friend to check your work.

Buying clothes for your baby

- 2 some jumpsuits
- 3 sizes; type of material; easy to put on; price; quality; colours
- 4 a Yes
b No
c Yes
d Yes
e No
f No
- 5 a tell
b do
c much
d Have
e Is
- 6 I want to buy some jumpsuits.
- 7 Ask your teacher or a friend to check your pronunciation.

Discomforts of pregnancy

- 2 a at the midwives clinic
b friends
- 3 their due dates; complaints of pregnancy; work
- 4 a No
b Yes
c Yes
d No
e Yes
f Yes
g Yes
h No
i No
- 5 Luba: Hello Rebecca. It's nice to see you.
Luba: So, how much **longer** have you got?
How are you? You look great.
When's your baby due?

- 7 a You're kidding.
b I see.
c Tell me how.

Information for your stay in hospital

- 2 b rooms where mothers stay with their babies
c the way to get in
d placed
e things you own such as your watch or a camera
f the midwives and other workers
g photos that you pay an expert to take
h the open area at the entrance to a building
i to borrow after paying money
j the rules of the Department of Health
k the form you complete about the birth of your baby
l the time you can leave the hospital to go home
- 3 b Television hire
c Photographs
d Hospital discharge time
e Official forms
f Contact numbers
g Coffee shop
- 4 a No
b Yes
c No
d No
e Yes
f No
g Yes
h Yes

A visit to the midwife's clinic

- 1 a 2
b 3
c 1
- 2 the baby not moving
- 3 a No
b Yes
c Yes
d No
e Yes
- 4 **Symptoms:** pain; tightness; discharge; bleeding; swelling; blood pressure
Parts of the body: hands; uterus; feet; ankles; pelvis
- 5 a Do
b Does
c Does

- d Have
e Any
f Do
- 6 a No, I don't have any pain.
b A little uncomfortable. My uterus feels a bit tight.
c A couple of times a day.
d No.
e Oh, yes. But in the morning my hands are still swollen.
- 7 You're **36** weeks pregnant so there isn't much **room** for your baby. Maybe the tightness is because your body is getting **ready** for labour.
- 9 a In the next couple of **weeks** the baby will move down into your pelvis. Then you'll have more **space**.
b That sounds **nice** and regular. Your baby must be **happy**.
c **Call** the labour ward. They might ask you to come in to **listen** to the baby.
- c Not as much, but it is moving.
d I've had some mucous and a little blood.
e Yes, I went with my husband.
- 5 She is having contractions; She has had the *show* – the mucous plug has come away.
- 6 a Yes
b Yes
c No
d Yes
e No
- 7 OK. **Get** organised and **come**. **Don't forget** your yellow card. **Come** to the labour ward, it's on the 3rd floor. **Ring** the bell and one of the midwives will let you in. **Don't go** to the emergency department.

Getting admitted to the labour ward

- 1 a 2
b 1
c 4
d 6
e 5
f 3

2 6 5 4 2 3 1

- 3 a Is
b do
c Did
d Can
e Can

4 5 2 1 3 4

- 5 a happy
b can stay with Rebecca
c Simon can rub her back
d a beanbag, a mat, water

- 6 a to collect some urine for a test
b to see how dilated Rebecca's cervix is
c to labour and give birth
d to help with the pain
e to put in the floor for Rebecca's labour

Pain relief during labour

- 2 a water
b visualisation
c morphine
d massage
e music
f epidural
g moving
h gas

Unit 3 Going into labour

The stages of labour

- 1 a the labour pains across your abdomen and your back; when the muscles of your uterus tighten, it helps to push your baby out
b the bag of water around the baby which can break and come out of your vagina
c a feeling of something pressing down
d the afterbirth that is delivered after the baby
e the tissue that attaches the placenta to the baby's navel (belly button)
f the neck or opening of the uterus
- 4 a Stage 3
b Stage 2
c Stage 1

Going into labour

- 2 a her husband
b tomorrow
c worried

3 **Yes**.
Five hours ago – at **five** o'clock.
Every **seven** minutes.
It hurts a lot in my **back**.
I've been **walking** around the house.

- 4 a No, everything's been fine.
b Yes.

- 3 **Non-medical pain relief**: moving; water; music; massage; visualisation
Medical pain relief: epidural; gas; morphine

4

	Gas	Morphine	Epidural
What is it?	oxygen and nitrogen	narcotic drug	anaesthetic drug
How is it given?	through a mouthpiece or a mask held by you	by injection	by injection into a space in your spine
What is the effect on baby?	no effect	affects the baby	affects the baby
What is the effect on mother?	Can make you feel dizzy and sick	You need an internal examination Can make you feel dizzy	No feeling from under breasts down You need a fetal monitor and sometimes a catheter in your bladder
When can it be used?	during labour	early in labour	during labour and birth

- 5 a think
b that everything is turning around
c stopping pain but addictive
d wide and open
e down the centre of your back

Positions for Stage 1 labour

- 1 a 4
b 3
c 1
d 2
- 2 5 4 2 1 3
- 3 lean forward, Ask, breathe
- 4 with, close to, against, on to, around, at, through
- 5 side, head, legs, knees, tummy, leg, legs

Positions for Stage 2 labour

- 1 a 3
b 1
c 2
- 2 4 5 2 3 1
- 3 Stand, Lean, come, stand, massage
- 4 beanbag, pillow

Unit 4 The birth

Giving birth

- 1 a in the labour room
b her midwife and her husband
c a girl
- 2 a 10
b 1
c 5
d 2
e 7
f 12
g 8
h 9
i 3
j 11
k 4
l 6

3 Stay, put, take, Breathe, Breathe

- 4 Rebecca: Ugh! I want to push.
Midwife: That's great. Just slow down, breathe really slowly. Slow breaths.
Rebecca: Aah ha. Aah ha. Aah ha. Aa ha.
Midwife: That's good. Keep it up.
Rebecca: (deep breaths continue)
Midwife: OK. Well done. Relax. Sit up more, if you like. (pause)
Midwife: Everything is going well. I can see your baby's head.
Rebecca: I want to push.

Midwife: OK. **Push** if you need to.
 Rebecca: I'm pushing. Aaah. Aaah.
 Midwife: That's great! You're doing really well.

- 5 b If you have a tear we may need to stitch you.
 c If you sit up, you'll be more comfortable.
 d You can rub her back, if she needs it.
 e If it helps the pain, keep using the gas.
 f If you want to make a call, you can use this telephone.
 g You can have a shower now, if you're ready to get up.
 h You can have a cup of tea and something to eat, if you feel like it.
- 7 b I'm just going to give you an injection to help your placenta separate.
 c I'll hand you your baby. I'll put your baby on your chest.
 d You'll get another contraction soon. That will be your placenta separating.
 e I'll have a look now. I'm going to touch the area. / I'm going to wipe you with a cloth.
 f I'll check your abdomen / we'll make you more comfortable and see if your baby will take the breast.
- 8 a contraction
 b mouthpiece
 c dizzy
 d placenta
 e tear
 f grazes
 g breastfeed

The complications of labour

- 1 unexpected things that happen during childbirth
- 2 b forceps delivery
 c caesarean
 d episiotomy
 e induction
- 3 a when the mother's labour is started by the doctor or midwife
 b when the baby is delivered by a doctor who makes a cut to the abdomen and the uterus which the mother does not feel
 c when the mother's perineum is cut to make a larger opening for the baby to be born
 d when the baby is helped out using metal instruments like two spoons
 e when the baby is born with the help of a cap that is put on the baby's head by sucking out air

- 4 a Yes
 b Yes
 c Yes
 d Yes
 e No
 f Yes

Unit 5 You and your baby

Your stay in hospital

- 2 mothers who have already given birth
- 3 **Option 2:** up to 48 hours; postnatal ward; yes
Option 3: until day 4; Discharge time 10 am; postnatal ward; no
- 4 a organise your transport home; make sure you have a capsule and a car restraint to take your baby home safely; clothes for yourself and your baby
 b your doctor

After the birth

- 1 a the first breast milk a mother makes a few days after the birth; thick and yellow in colour
 b substances in breast milk that fight disease
 c illnesses caused when bacteria or viruses enter the body
 d losing blood
 e a piece of thick blood
 f you wear a sanitary pad when you bleed
 g when the doctor or midwife uses a needle and thread to sew a tear or episiotomy
 h a sore part where the skin is rubbed or scratched
 i the area between your anus and vagina
- 2 6 2 1 3 4 7 5
- 3 a But, why **does** she want to sleep all the time?
 b And why **doesn't** she want to feed?
 c So when **should** I feed her?
 d What **do** you mean?
 e After my milk comes in, how **do** I know if she's getting enough?
- 4 Rebecca: What **do you mean**?
 Rebecca: Colostrum?
 Rebecca: **Did you say** antibodies?
- 5 a First of all, can you tell me **how much** are you bleeding?

- b Yes, **how often** do you need to change your pad?
 c Are **there** any clots on the pad?
 d You got a small graze on your perineum when you gave birth. **How** is that feeling?

- 7 a Why is she so sleepy?
 b First of all how, much are you bleeding?

Settling your baby

- 3 b 8
 c 4
 d 6
 e 1
 f 5
 g 2
 h 7
- 4 a Yes
 b No
 c Yes
- 5 a Keep your baby in a smoke-free place.
 b Always put your baby on his or her back to sleep.
 c Sleep baby with the face and head uncovered.

What happens to my baby?

- 1 tests and vaccinations for her baby
- 2 a 3
 b 1
 c 2
- 3 a Someone told me my baby **will have some tests**.
 b And **what's that** exactly?
 c **Is** there anything else?
- 4 b illnesses or diseases
 c straight up
 d the back part of the foot
 e a small piece of material to stick on the skin
 f equipment for hearing
 g small piece of equipment that tells you the baby can hear a sound
 h a substance that is given to you to stop a disease
 i an infection that affects the liver
- 5 a **All** babies have a blood screening test.
 b The test is to **check** different conditions.
 c They do the blood test between **48** and **72** hours after the birth.
 d The baby **doesn't like** the test.
 e They take blood from the baby's **heel**.
- f They send the **blood** for testing.
 g If there are any problems with the test someone will contact **you**.
- 6 Well it's **quick** and simple. We just put some small **pads** on your baby's head. Then we put a very small, soft **microphone** into the baby's ear. We play some soft **sounds** and the sensors in the pads tell us if the baby can hear them. Again, if there are any **problems**, you can have some more tests.
- 7 We can **begin** your baby's vaccinations today if you like. We can give her one for hepatitis **B**. The next one will be when she is **two months old**.

Chatting to other parents

- 1 Ask your teacher or a friend to check your questions.
- 2 a Rebecca and Lin have met before.
 b Rebecca tells her story first.
- 3 a Yes
 b No
 c No
 d Yes
 e No
 f No
 g Yes
- 4 a I see.
 b Right.
 c No way!
 d Wow!
- 5 3 2 5 9 4 1 8 6 7
- 6 b She = a gorgeous little girl
 c he = husband
 d they = contractions; they = the staff at the hospital; they = contractions
- 7 a Well I **started** having contractions at about 3:30 in the afternoon. So I **called** my husband David and **said** *It's starting. You'd better not stay back late at work.*
 b Well when he **arrived** home it **was** five o'clock and my back was hurting. So I **got** into the bath and he **made** dinner for the kids. We **timed** the contractions and they **were** still 8 minutes apart.
 c Yeah. So he **took** the kids to his sister's and I **got** ready. We **drove** to the hospital and David **dropped** me off to park the car.

Leaving hospital

- 1 a Rebecca is talking to the midwife.
b Rebecca is in the postnatal ward.
c Rebecca wants to go home.
- 2 3 6 4 1 7 2 5 7 8
- 3 b A friend of Rebecca's husband will pick her up from hospital.
c Rebecca will make an appointment at the early childhood centre.
d An interpreter will help Rebecca fill in her forms.
e The hospital doctor will check the baby and sign the blue book.
f A midwife will visit Rebecca at home.
g A child and family health nurse will weigh the baby, check her eyesight and hearing and check she is developing well.
h Rebecca's GP will do the six-week check-up.
- 7 Why? Is there something wrong with my baby? **B**
My blue book? **A**
I see. The midwife will come to my home. **C**
- 9 b need to do
c needs to see
d has to sign
e must keep
f should rest

An application form

- 1 Rebecca wants to get a birth certificate for her baby.
- 2 a Please **print** clearly in black pen.
b **Start at the left.**
c **Write** one letter in each box.
d **Leave one box between words.**
e **Please complete** all details.
- 3 a Payment details
b Applicant's details
c Details of required birth
- 4 a Date of birth
b Expiry date
c Name of cardholder
d Given name
e Your relationship with the person registered
f Card number
g Street address

Child and family health centres

- 1 Hello. You've reached Greenvale Child and Family Health Centre. We cannot **answer** the phone at present but please leave a **message** and we will **return** your call.
- 2 3 2 1
- 3 a Tuesday
b appointments
c afternoons
d not open
e Thursday
f GP
- 4 **Hello.** My name **is** Rebecca Majok. **I'd like** to make an appointment to bring my baby to the **centre.** My baby is **two** weeks old. **Could you** please call me on 9968 7510 to make the appointment. **Thank you.** Goodbye.
- 5 Ask your teacher or a friend to check your message.

The six-week check-up

- 1 a your family doctor
b the mother and the baby
- 2 a pap smear
b postnatal depression
c contraception
d immunisation

Glossary

A

- abdomen (tummy)** Your abdomen is the part of your body where your stomach, uterus and small and large intestines are. (see page 5)
- allergic** If you are allergic, you react to something you eat, drink, touch or breathe in. The reaction can cause rashes, watery eyes, sneezing, wheezing or sickness.
- amniotic sac (bag of waters)** This is the bag of fluid which is around the baby while it is developing in your uterus. (see page 7)
- anaemia** If you have anaemia you do not have enough red blood cells in your blood. This can make you tired. The blood tests in pregnancy check if you have anaemia.
- antenatal** This is the time when you are pregnant before the baby is born.
- antibodies** Antibodies are substances in your blood which help you to fight disease or illness. Breastfeeding is good for your baby because the baby gets antibodies from your milk and this helps protect your baby from infections.
- anus** Your anus is the opening in your bottom where the solid waste (faeces) comes out of your body. (see page 47)

B

- baby capsule** A baby capsule is a plastic bassinet that fits into a frame in a car seat. It is kept in place with a car restraint or seatbelt and holds the baby safely. By law, you must use a baby capsule or other car restraint in Australia.
- bath / bathing** When you bath yourself or your baby you wash all over with soap and water.
- birth canal (or vagina)** This is the passage from your uterus and cervix to the outside where the baby moves down to be born. (see page 7)
- birth centre** A birth centre is a homely place where you can be for the birth of your baby.

birth registration Birth registration is when you give the details of your baby's birth in writing to the government. This information is used to register the birth and produce your baby's birth certificate.

bladder Your bladder is the part of your body where urine collects. It is above your urethra and below your kidneys. (see page 47)

bleeding When you are bleeding you lose blood from your vagina. If it happens when you are pregnant you must quickly go to the hospital. It is normal to have some bleeding after your baby is born.

blood group Your blood group is the type of blood that you have, for example A, B, AB or O, and will be Rh negative or Rh positive. This is checked at the beginning of your pregnancy.

blood pressure Your blood pressure is how strong and fast your heart pumps blood around your body. Your blood pressure can be *normal*, *high* or *low*.

bowel Your bowel is the long tube which carries solid waste from your intestine to your anus. When a doctor or midwife asks you about your bowels, they want to know if you have emptied them. (see page 47)

breastfeeding You breastfeed your baby when you feed the baby with milk from your breasts.

breech position If a baby is bottom down (not head down) in the uterus just before birth, the baby is in a breech position.

C

- caesarean** When a baby is delivered through a cut in the mother's abdomen and uterus, the operation is called a caesarean. A woman has a caesarean when she cannot give birth vaginally or if it is an emergency. (see page 95)
- car restraint** A car restraint is a seatbelt or straps that you must use to keep your baby and any other passengers safe in a moving car. By law, you must use a car restraint in Australia.

M

massage You have a massage when someone rubs or presses parts of your body to make you feel relaxed or to help with pain.

maternity Maternity means being pregnant or becoming a mother. For example, a maternity hospital is a special hospital for pregnant women.

maternity allowance After the birth or adoption of a child, the government gives the mother some money to help with all the costs. This is called the maternity allowance.

maternity leave Before and after a woman has given birth or adopted a child she is often able to have maternity leave. This is paid or unpaid time off work.

medication Medication is tablets, medicine or injections.

midwife A midwife is a person who has special training to care for women during pregnancy, birth and after the baby is born.

midwives clinic This is the place where women visit to get care from midwives when they are pregnant.

miscarriage Sometimes a woman has a miscarriage. This means her pregnancy ends because the baby dies in the uterus and comes out. If a woman has a miscarriage, it is most often in the first three months of pregnancy.

morning sickness When a woman feels sick in the stomach and sometimes vomits, usually in the first weeks of pregnancy, she has morning sickness. Sometimes the feeling can last all day – not only in the morning.

morphine This is a strong drug that is sometimes given in an injection to help reduce pain during labour. (see page 81)

mucous plug The mucous plug is the material that is in your cervix during pregnancy. It often comes away (as *the show*) when labour begins. The mucous plug can also have blood in it. (see page 7)

N

natural birth When a woman goes through labour and gives birth without using drugs to assist the birth, we say she has a natural childbirth.

nausea This is the unpleasant feeling when you feel sick in your stomach and want to vomit.

O

obstetrician An obstetrician is a specialist doctor who looks after women when they are pregnant and giving birth. An obstetrician might take part in your care if you have medical problems.

P

pads – breast When you are breastfeeding sometimes too much milk comes out. You wear breast pads inside your bra to keep you dry. (see page 58)

pads – sanitary You wear a sanitary pad when you bleed from your vagina during your period or after your baby is born. (see page 58)

pain relief You have pain relief to reduce pain. Different types of pain relief during labour are relaxation exercises, massage or the use of drugs.

pant When you pant you take quick, short breaths. The midwife may ask you to pant to stop you from pushing too hard when your baby is being born.

pap smear You have a pap smear to make sure your cervix is healthy. This test can find early signs of cancer of the cervix.

pathology department This is the place in a hospital where tests such as blood and urine are done.

pelvic floor Your pelvic floor is the group of muscles which help to support your bladder, uterus and bowel. Your vagina, urethra and rectum pass through them. (see page 47)

pelvis Your pelvis is the bones at the bottom of your spine at the level of your hips.

pethidine This is a strong drug that is sometimes given in an injection to help reduce pain during labour.

perineum Your perineum is the skin and muscle between your vagina and anus. (see page 7)

period (or menstruation) When the lining of your uterus comes away every month and you bleed from your vagina, you are having your period. Your periods stop when you become pregnant. After the birth, while you are breastfeeding, you often don't have a period.

pinnards A pinnards is used to listen to the baby's heartbeat through your abdomen. When your midwife wants to check your baby's heartbeat, she places the pinnards on your abdomen and listens through it. (see page 67).

placenta (afterbirth) The placenta grows in your uterus during pregnancy. It gives nutrition to the baby and takes away waste. It is also called the *afterbirth* because it is delivered after the baby. (see page 73)

pregnancy Pregnancy is the time when the baby is growing inside you.

postnatal This is the time after the birth of your baby.

postnatal depression Postnatal depression is a serious illness when a mother may feel very sad, impatient, restless or anxious. A woman with postnatal depression may find it hard to look after her baby by herself and need extra help. It is very important to get medical help for postnatal depression. Postnatal depression is not the same as "baby blues" which many mothers get for a short time after the birth of their baby.

R

radiologist A radiologist is a person with special training who examines X-rays and ultrasound scans to get information about a person's medical condition.

S

speculum A midwife or doctor uses a plastic or metal speculum to open a woman's vagina to examine her cervix. Sometimes this may happen in pregnancy or in early labour.

support person Your support person is someone who stays with you and helps you during your labour and giving birth. The person could be your partner, husband, sister, another relative or a friend.

swelling You have a swelling when a part of your body becomes bigger (or is swollen). (see page 62)

T

temperature A person's temperature is how hot or cold their body is. A normal temperature is about 37 degrees Celsius.

tear If you get a tear in your perineum when the baby's head is born, it means the perineum has opened to let the baby out and the doctor or midwife will stitch it to close it again. The doctor or midwife will use anaesthetic to do the stitching so that you won't feel pain. (see page 95)

termination Some women choose to have a termination to end the pregnancy. This sometimes occurs in the first 2 or 3 months of pregnancy.

the show (or mucous plug) This is the small amount of white jelly-like discharge and blood that might come out of your vagina when labour is starting. (see page 7)

U

ultrasound scan All women are offered an ultrasound scan in the fifth month of pregnancy (18–20 weeks pregnant). An ultrasound is a test which uses sound waves to see your baby inside your uterus, usually through your abdomen. The results give information about your pregnancy and your baby. Your support person can be with you when you have an ultrasound.

urethra This is part of your body that is like a tube. Your urethra carries urine from your bladder to outside your body. (see page 47)

urine This is the liquid that you pass when you go to the toilet (urinate).

uterus (or womb) This is the place in your abdomen that is shaped like a pear where your baby develops during pregnancy. (see page 7)

V

vaccinations A vaccination protects your baby from diseases. Your baby is given an injection of a small amount of an inactive form of the disease. The baby can then produce antibodies to protect him or her. Vaccinations are similar to immunisations. (see page 107)

vagina (or birth canal) This is the passage from your cervix to the outside. It receives the man's penis during sexual intercourse and is the place where the baby moves down to be born. (see page 7)

varicose veins Some women get varicose veins when they are pregnant. Varicose veins are swollen veins that are usually on the legs. (see page 62)

ventouse extraction Some women might need to have a ventouse delivery. This is when a suction cup is placed on the baby's head and attached to a machine. Then the doctor helps with the birth of the baby by gently pulling the baby through the birth canal. (see page 95)

visualisation When you visualise something, you use your mind to imagine a situation. Women use visualisation by imagining something positive and good to help with the pain of their labour. (see page 81)

vomiting Vomiting is when the food and liquid that was in your stomach comes out of your mouth.

W

waters broken Your waters have broken when the bag of water (the amniotic sac) around the baby breaks open and leaks from your vagina. This usually happens just before labour starts or during labour. (see page 74)

Useful information

Women's health

Every state and territory has a website with information about women's and children's health. Type the name of your state + women's health into an Internet search engine.

Family health and care

For free services for families and children under the age of five, go to an early childhood and family health centre. Your doctor or the hospital where you have your baby can tell you your nearest centre.

Breastfeeding

For help with breastfeeding or information about breastfeeding support near you, contact:

- the Australian Breastfeeding Association
www.breastfeeding.asn.au
- baby health clinic nurses at your local early childhood and family health centre.

Sexual health and family planning

Sexual Health and Family Planning Australia has offices in all states and territories. The website has fact sheets about contraception and sexual health and the address of your nearest Family Planning Association (FPA) centre.

<http://www.fpa.net.au/>

Female Genital Mutilation (FGM)

For information and assistance with matters relating to FGM, contact advisors in your state or territory.

ACT	ACT Health	(02) 6207 3333
NSW	Western Sydney Area Health Services	(02) 9840 3910
NT	Northern Territory Health Services Anglicare	(08) 8999 2932 (08) 8985 0000
QLD	Multicultural Women's Health	(07) 3250 0250
SA	South Australia FGM Program Children, Youth and Women's Health Services	(08) 8239 9600 (08) 8237 3900
TAS	Women's Health Information Line	1800 675 028 (free call)
VIC	Working Women's Health	(03) 9482 3299
WA	Child & Community Health Directorate	(08) 9323 6683
NZ	FGM Education Program Auckland	64 9 302 4031

Shopping for your baby

Choice magazine has information for parents who want to buy products such as furniture, strollers and nappies for their baby. It also has information about baby health and safety. You can find copies of *Choice* magazine at your local library too.

www.choice.com.au

Meeting other parents

Meet other parents at antenatal classes; new mothers groups organized by early childhood health clinics; mothers groups and playgroups organized by community health centres or neighbourhood centres; Baby Rhyme Time or similar groups run by local libraries; church run playgroups; local parks are also good places to make new friends.

Migrant Resource Centres (MRC) and other Non-Government Organisations run *Families First* programs. To contact an MRC in your state or territory go to

http://www.immi.gov.au/grants/mrc_msa_b.htm

Baby naming and registration

Each state and territory government registers babies and issues birth certificates. For the address of your state or territory office go to

www.babycenter.com.au/organisations/babynames/

Choose a name for your baby by sex, ethnic origin and number of syllables at

www.babycentre.co.uk/babyname/

Immunisation

The Federal Government has information about immunisation to protect children against certain diseases.

<http://immunise.health.gov.au/>

Rights and benefits

Information about parenting payment, family tax benefit, maternity allowance, immunisation allowance and childcare benefit payments can be found at

www.centrelink.gov.au

Special needs

If your baby has special medical needs you can find information at

www.babycenter.com.au/organisations/specialneeds/

Other contacts

Notes

Language of Childbirth is an English language resource designed for women from non-English speaking backgrounds who are having babies in Australian hospitals. These women may not be able to attend mainstream English classes and this resource aims to assist them by:

- providing accessible information about antenatal and postnatal procedures
- improving their language and literacy skills through a topic of immediate concern to them

Information and improved language skills enable women to make informed choices in relation to pregnancy, birth and parenting.

Topics covered include:

- Pregnancy
- Getting ready
- Labour
- The birth
- You and your baby

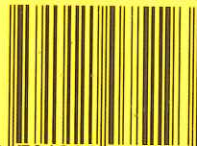
The resource has been designed to cater for the language and literacy needs of students studying the *Certificate II in Spoken and Written English* or aspects of the *National Reporting System* (NRS) at Levels 2 and 3. Some women may require language and learning support when studying the resource, either from a family member, home tutor, community health worker or teacher.

Funded under the Adult Literacy National Project by the Commonwealth through the Department of Education, Science and Training.

Product ID : P0049994



ISBN 1-921075-19-8



9 781921 075193